

Consent form

You have a say in how Momentum treats your personal information. We abide by confidentiality principles and the Protection of Personal Information Act. You voluntarily give us your consent to collect, record, store and use (process) your information including special information for the purposes of processing and assessing this claim, and related transactions and to share it with our partners and contracted service providers who are legally bound to the same principles. Your personal information is collected and processed by our staff, representatives, reinsurance partners or sub-contractors. We will make every reasonable effort to protect and secure your personal information. To assess your claim, we may need to share your information with others in the Momentum Metropolitan Group or contracted service providers (both locally and abroad). Momentum Metropolitan Group will make sure that the contracted service providers agree to our privacy and security policies if they need access to your personal information for claims and statistical purposes.

You can access your information at any time and ask us to change or correct it. You may object to us using your personal information except when we need it to conclude business transactions with you, or to fulfil our legal obligations. You also have a right to request that we delete your personal information in our possession if we no longer legally require it. If you think your personal information is being tampered with, or that it has not been protected, please refer your complaints to our internal data privacy team at dataprivacy@momentummetropolitan.co.za. Should you not be satisfied with the outcome, you may refer your case to government's Information Regulator at inforeg@justice.gov.za or contact them on **012 406 4818**.

Contact details

To submit a claim, follow up on a claim, or to provide us with additional required documentation, you can contact us in any of the following ways. Our office hours are from 8:00 – 17:00.

E-mail: **deathclaims@momentum.co.za**
lumpsumclaims@momentum.co.za
incomeclaims@momentum.co.za

Fax: **+27 12 675 3947** (Please quote the policy number on the fax.)

Or call us for more information:

Sharecall (South Africa): **0860 44 11 11**
Tel: **+27 12 675 3052**
International: **+27 11 505 1552**

Standard requirements

- Supporting medical evidence (e.g. x-ray report, blood tests and other laboratory results, etc).
- Insured life's identity document or a copy of the back and front of identity smart card.

Please note: We will not be able to proceed with the claim if all the documents asked for are not attached to this form.

1: Contact person for the claim

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Telephone - work	<input type="text"/>			Fax - work	<input type="text"/>
Cellphone number	<input type="text"/>				
E-mail address	<input type="text"/>				

2: Personal details of the insured life

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Identity number	<input type="text"/>			Date of birth	<input type="text"/>
Tax reference number	<input type="text"/>				
Residential address	<input type="text"/>				
	<input type="text"/>			Postal code	<input type="text"/>
Postal address	<input type="text"/>				
	<input type="text"/>			Postal code	<input type="text"/>
Telephone - work	<input type="text"/>			Fax - work	<input type="text"/>
Telephone - home	<input type="text"/>			Cellphone number	<input type="text"/>
E-mail address	<input type="text"/>				

3: Medical aid details

Main member

Medical aid name

Medical aid number

Records requested from DDMMYYYY to DDMMYYYY

4: Doctor's details

Title Initials First name

Surname

Postal address

Postal code

Telephone - work Fax - work

Cellphone number

E-mail address

Practice number

Qualifications

Dear Doctor

We would appreciate your co-operation in providing the information requested in this form.

An extract from the claimant statement that was signed by the insured life states:

"I accept and understand that I am limiting my right to privacy. To enable the assessment of the risks and the calculation of the premium and to assist in considering any claim for benefits as a result of this, or any other application for insurance that I have made, or that was made for me as the insured life, I authorise Momentum, a division of MMI Group Limited, including their current and future subsidiaries and/or representatives:

- to obtain from any person, company or service provider, reinsurer, other insurer, medical aid, medical practitioner/institution any information that Momentum requires for purposes of underwriting this application and/or claims arising from this policy. I authorise such person(s) to give the said information to Momentum, and
- to share with other insurers and reinsurers any information in this application or in any related policy or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as Momentum or the operators of such database may decide from time to time, and
- to disclose my medical information to any parties that Momentum uses in providing services in connection with the policy.

I acknowledge that I cannot cancel this authorisation and that it will endure after my death."

The fee payable for this report is in accordance with Momentum's medical tariffs.

Your assistance will be greatly appreciated and your report will be treated in the strictest of confidence.

Warm regards

Momentum
Claims Management

1. Provide clinical records and/or reports for the following dates:

Date of consultation	Reason for consultation	Treatment prescribed
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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2. Provide the details of any other practitioners, specialists or hospitals to whom the claimant has been referred. Please include copies of all available specialists' reports.

Clinic/Hospital/Specialist	Reason for referral	Contact details
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Relevant test (e.g. lung function results, blood results, x-ray reports or scan reports, etc.)

